

OFFICE USE ONLY: Applied to account by \_

## **CHANGE OF CONTRACT FORM**



If for any reason you decide to change your child's contracted attendance schedule this form must be completed by Thursday for the following week of attendance.

PLEASE COMPLETE, SIGN, DATE, AND RETURN.

MY CHILD/REN					
NAME(S)					
SITE / SCHOOL:		·	PHONE #		
DAILY (CIRCLE DAYS CHILD WILL BE ATTENDING):					
□\$5 DAY / AM					
ON THE FOLLOWING DAYS:	MON	TUES	WED	THURS	FRI
\$4 DAY / TARTESSO EXTENDED (1:30 pm- 2:30 pm)					
ON THE FOLLOWING DAYS:	MON	TUES	WED	THURS	FRI
☐ \$11 DAY / PM					
ON THE FOLLOWING DAYS:	MON	TUES	WED	THURS	FRI
DAILY SCHEDULE WILL START THE WEEK OF: CHANGE IS PERMANENT: Y / N SCHEUDLE CHANGE WILL RETURN TO ORIGINAL CONTRACTED DAYS WEEK OF:					
■ WEEKLY (WILL ATTEND FULL TIME): \$20 WEEK / AM \$15 WEEK / TARTESSO EXTENDED (1:30 PM – 2:30 PM) WEEK / PM					
THE NEW SCHEDULE WILL START THE WEEK OF: CHANGE IS PERMANENT: Y / N SCHEUDLE CHANGE WILL RETURN TO ORIGINAL CONTRACTED DAYS WEEK OF:					
☐ TEMPORARILY ABSENT					
FOR THE WEEK(S) OF:AND/OR DAY(S) OF:					
CHILD(REN) WILL RETURN TO ORIGNIAL CONTRACTED SCHEDULE OR SCHEUDLE STATED ABOVE ON:					
PERMANENTLY WITHDRAWING AS OF:  DATE  I understand that if I wish to re-enroll there will be a \$25.00 registration fee.					
PARENT/ GUARDIAN SIGNATURE	<u> </u>			DATE:	

on

Date

Initial